


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | | |
|--|---------------------|---|
| DOCUMENT # P04000036522 | |  |
| 1. Entity Name SOUTHSIDE SELF-STORAGE, INC. | | |
| Principal Place of Business 2765 JEFFERSON STREET MARIANNA, FL 32448 US | | Mailing Address 3382 PARKRIDGE ROAD MARIANNA, FL 32446 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446 | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | PT | |
| NAME | PETTIS, BETTY J | |
| STREET ADDRESS | 3382 PARKRIDGE ROAD | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | |
| TITLE | VSM | |
| NAME | PETTIS, RICK | |
| STREET ADDRESS | 3382 PARKRIDGE ROAD | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE: <u>Betty J. Pettis Betty J. Pettis</u> <u>2/17/06</u> <u>(850)482-4295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0793303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1100000441875
03/03/06-80054-002 150.00

**DO NOT WRITE
IN THIS SPACE**